

APPENDIX C  
HUNTING OUTFITTER/GUIDE TRIP ITINERARY

Apache-Sitgreaves National Forests

**NOTE: TRIP ITINERARIES may be scanned or electronically filled out, and e-mailed, 48 HOURS before entering Forest Service land. Send to SM.FS.R3ASRecPrmit@usda.gov. Please enter your company name in the email subject field.**

Name of Outfitter: \_\_\_\_\_ Doing Business As: \_\_\_\_\_

Start and Finish dates of trip: \_\_\_\_\_ through \_\_\_\_\_

Purpose of trip, including type of hunt and species: \_\_\_\_\_

Public Lands Hunt       Private Lands Hunt

Name(s) of AZ Registered Guides for this trip:

Vehicles to be used (including any motorized equipment such as ATVs):

\_\_\_\_\_  
Vehicle Make/Model \_\_\_\_\_ License Plate # \_\_\_\_\_  
\_\_\_\_\_  
Vehicle Make/Model \_\_\_\_\_ License Plate # \_\_\_\_\_  
\_\_\_\_\_  
Vehicle Make/Model \_\_\_\_\_ License Plate # \_\_\_\_\_  
\_\_\_\_\_  
Vehicle Make/Model \_\_\_\_\_ License Plate # \_\_\_\_\_  
\_\_\_\_\_  
Vehicle Make/Model \_\_\_\_\_ License Plate # \_\_\_\_\_

Information about client(s) in the group to be guided during this trip:

Name: \_\_\_\_\_ City, State: \_\_\_\_\_ Phone Number: \_\_\_\_\_ GMU: \_\_\_\_\_

Total Fees: \_\_\_\_\_  Hunter  Non-Hunter  Discount / Free

Name: \_\_\_\_\_ City, State: \_\_\_\_\_ Phone Number: \_\_\_\_\_ GMU: \_\_\_\_\_

Total Fees: \_\_\_\_\_  Hunter  Non-Hunter  Discount / Free

Name: \_\_\_\_\_ City, State: \_\_\_\_\_ Phone Number: \_\_\_\_\_ GMU: \_\_\_\_\_

Total Fees: \_\_\_\_\_  Hunter  Non-Hunter  Discount / Free

Name: \_\_\_\_\_ City, State: \_\_\_\_\_ Phone Number: \_\_\_\_\_ GMU: \_\_\_\_\_

Total Fees: \_\_\_\_\_  Hunter  Non-Hunter  Discount / Free

Attach additional sheet if necessary. Total Number of Hunting Clients \_\_\_\_\_

Clients have a signed contract with the Outfitter Guide named on this form. Total Number of Non-Hunting Clients \_\_\_\_\_

Total Number of Clients \_\_\_\_\_

Location of Entry (include District name): \_\_\_\_\_ Location of Exit (include District name): \_\_\_\_\_

**Indicate the routes of travel, planned location of camps and number of nights at each:**

**Select which Wilderness Area(s) you will be using and estimate the number of days you will be spending in each.**

(Enter "0" if none.) To calculate days = Number of Clients (x) Number of Days

- Bear                       Baldy                       Escudilla                      Blue Prmtv  
 Wallow

Number of pack and saddle stock: \_\_\_\_\_ (Enter "0" if none.)      Number of dogs: \_\_\_\_\_ (Enter "0" if none.)

Trip Gross Revenue: \$ \_\_\_\_\_ (include \$ value of other compensation received)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Permit Holder

Month/Day/Year

By submission of this form, the permit holder named above attests that all the information furnished for this itinerary is true and correct to the best of his/her knowledge (18 USC 1001).